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BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DIVISION OF MEDICAL QUALITY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation	)	
Against:	)	
	)	No. 17-93-25427
YOUNG-SUN YI, M.D.	)	
Certificate No. A-32144	)	
	)	
Respondent.	)	
	)	
_____	)	

DECISION

The attached Stipulated Settlement and Disciplinary Order in case number 17-93-25427 is hereby adopted by the Division of Medical Quality of the Medical Board of California as its decision in the above entitled matter.

This Decision shall become effective on October 10, 1997

IT IS SO ORDERED Septemter 10, 1997.

DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA

By Anabel Anderson Imbert  
ANABEL ANDERSON IMBERT, M.D.  
President

1 DANIEL E. LUNGREN, Attorney General  
of the State of California  
2 ROBERT McKIM BELL,  
Deputy Attorney General  
3 California Department of Justice  
300 South Spring Street, Suite 5212  
4 Los Angeles, California 90013-1233  
Telephone: (213) 897-2556

5 Attorneys for Complainant  
6

7 **BEFORE THE**  
8 **DIVISION OF MEDICAL QUALITY**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:	)	Case No. 17-93-25427
	)	
12 YOUNG-SUN YI, M.D.	)	OAH No. L-9611056
38 Misty Acres Road	)	
13 Rolling Hills Estates, CA 90274	)	STIPULATED SETTLEMENT
	)	AND
14 Physician's and Surgeon's Certificate	)	DISCIPLINARY ORDER
Number A-32144,	)	
	)	
15 Respondent.	)	
	)	

16  
17  
18 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to  
19 the above-entitled proceedings that the following matters are true:

20 1. An Accusation in case number 17-93-25427 was filed with the  
21 Division of Medical Quality of the Medical Board of California (the "Division") on  
22 October 23, 1996, and is currently pending against Young-Sun Yi, M.D. (the  
23 "respondent").

24 2. The Accusation, together with all statutorily required documents,  
25 was served on the respondent on October 23, 1996, and respondent filed his Notice  
26 of Defense contesting the Accusation on October 31, 1996. A copy of Accusation  
27 No. 17-93-25427 is attached as Appendix 1 and is incorporated by reference as if

1 fully set forth.

2           3. The Complainant, Ron Joseph, is the Executive Director of the  
3 Medical Board of California and brought this action solely in his official capacity. The  
4 Complainant is represented by the Attorney General of California, Daniel E. Lungren,  
5 by and through Deputy Attorney General Robert McKim Bell.

6           4. At all times relevant herein, respondent has been licensed by the  
7 Medical Board of California under Physician's and Surgeon's Certificate No. A-32144.

8           5. The respondent practices general anesthesiology. He does not  
9 perform the more complex forms of anesthesiology such as that associated with  
10 cardiac bypass surgery, obstetrical surgery, pediatric surgery, thoracic surgery and  
11 neurosurgery.

12           6. The respondent is represented in this matter by Robert H. Gans,  
13 Esq., whose address is 433 North Camden Drive, Suite 600, Beverly Hills, California  
14 90210.

15           7. The respondent and his attorney have fully discussed the charges  
16 contained in Accusation Number 17-93-25427, and the respondent has been fully  
17 advised regarding his legal rights and the effects of this stipulation.

18           8. Respondent understands the nature of the charges made in the  
19 Accusation and that, if proven, they would constitute cause for disciplinary action.  
20 Respondent is fully aware of his right to a hearing on the charges, his right to confront  
21 and cross-examine witnesses against him, his right to the use of subpoenas to compel  
22 the attendance of witnesses and the production of documents in both defense and  
23 mitigation of the charges, his right to reconsideration, appeal and any and all other  
24 rights accorded by the California Administrative Procedure Act and other applicable  
25 laws.

26           9. Respondent knowingly, voluntarily and irrevocably waives and  
27 gives up each of these rights.

10. Respondent admits he engaged in repeated negligent acts in his care of a single male patient in 1989, in the course of penile implant surgery, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate to disciplinary action under Business and Professions Code section 2234, subdivision (c). Respondent agrees to be bound by the Division's Disciplinary Order as set forth below.

11. The admissions made by respondent herein are for the purpose of this proceeding and any other proceedings in which the Division of Medical Quality, Medical Board of California, or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceedings.

12. Based on the foregoing admissions and stipulated matters, the parties agree that the Division shall, without further notice or formal proceeding, issue the following order:

## DISCIPLINARY ORDER

**IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate number A-32144 issued to Young-Sun Yi, M.D. is revoked. However, the revocation is stayed and respondent is placed on probation for three (3) years on the following terms and conditions.

1. ORAL CLINICAL OR WRITTEN EXAM Respondent shall take and pass an oral clinical exam administered by the Division or its designee in general anesthesiology. This examination shall be taken within 90 days after the effective date of this decision. If respondent fails the first examination, he shall be allowed to take and pass a second examination, which may consist of a written as well as an oral examination. The waiting period between the first and second examinations shall be at least three months. If respondent fails to pass the first and second examinations, he may take a third and final examination after waiting a period of one year. Failure to pass the oral clinical examination within 18 months after the effective date of this

1 decision shall constitute a violation of probation. The respondent shall pay the costs  
2 of all examinations.

3 If respondent fails to pass the first examination, he shall be suspended  
4 from the practice of medicine until a repeat examination has been successfully passed,  
5 as evidenced by written notice to respondent from the Division or its designee.

6 2. PROHIBITED PRACTICE

7 During probation, respondent is prohibited from performing  
8 anesthesiology in connection with cardiac bypass surgery, obstetrical surgery,  
9 pediatric surgery, thoracic surgery and neurosurgery.

10 3. MONITORING Within 30 days of the effective date of this  
11 decision, respondent shall submit to the Division or its designee for its approval a plan  
12 of practice in which respondent's practice shall be monitored by another physician in  
13 respondent's field of practice, who shall provide periodic reports to the Division or its  
14 designee. If, after the first year of monitoring, the appointed monitor recommends  
15 that monitoring is not required to assure patient safety, the monitoring program  
16 imposed by this condition may be suspended by the Division or its designee.

17 If the monitor resigns or is no longer available, respondent shall, within  
18 15 days, move to have a new monitor appointed, through nomination by respondent  
19 and approval by the Division or its designee.

20 4. EDUCATION COURSE Within 90 days from the effective date of  
21 this decision, and on an annual basis thereafter, respondent shall submit to the  
22 Division or its designee for its prior approval an educational program or course to be  
23 designated by the Division, which shall not be less than 40 hours per year, for each  
24 year of probation. This program shall be in addition to the Continuing Medical  
25 Education requirements for re-licensure. Following the completion of each course, the  
26 Division or its designee may administer an examination to test respondent's  
27 knowledge of the course. Respondent shall provide proof of attendance for 65 hours

1 of continuing medical education of which 40 hours were in satisfaction of this  
2 condition and were approved in advance by the Division or its designee.

3 5. OBEY ALL LAWS Respondent shall obey all federal, state and local  
4 laws, all rules governing the practice of medicine in California.

5 6. QUARTERLY REPORTS Respondent shall submit quarterly  
6 declarations under penalty of perjury on forms provided by the Division, stating  
7 whether there has been compliance with all the conditions of probation.

8 7. NOTIFICATIONS Within 15 days after the effective date of this  
9 decision the respondent shall provide the Division, or its designee, proof that he has  
10 served a copy of this decision on the Chief of Staff or the Chief Executive Officer at  
11 every hospital where privileges or membership are extended to respondent or where  
12 respondent is employed to practice medicine and on the Chief Executive Officer at  
13 every insurance carrier where malpractice insurance coverage is extended to  
14 respondent.

15 8. PROBATION SURVEILLANCE PROGRAM COMPLIANCE  
16 Respondent shall comply with the Division's probation surveillance program.  
17 Respondent shall, at all times, keep the Division informed of his addresses of business  
18 and residence which shall both serve as addresses of record. Changes of such  
19 addresses shall be immediately communicated in writing to the Division. Under no  
20 circumstances shall a post office box serve as an address of record.

21 Respondent shall also immediately inform the Division, in writing, of any  
22 travel to any areas outside the jurisdiction of California which lasts, or is contemplated  
23 to last, more than thirty (30) days.

24 9. INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS  
25 DESIGNATED PHYSICIAN(S) Respondent shall appear in person for interviews with  
26 the Division, its designee or its designated physician(s) upon request at various  
27 intervals and with reasonable notice.

1                   10.   TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-  
2 STATE NON-PRACTICE In the event respondent should leave California to reside or  
3 to practice outside the State or for any reason should he stop practicing medicine in  
4 California, respondent shall notify the Division or its designee in writing within ten (10)  
5 days of the dates of departure and return or the dates of non-practice within  
6 California. Non-practice is defined as any period of time exceeding thirty days in  
7 which respondent is not engaging in any activities defined in Sections 2051 and 2052  
8 of the Business and Professions Code. All time spent in an intensive training program  
9 approved by the Division or its designee shall be considered as time spent in the  
10 practice of medicine. Periods of temporary or permanent residence or practice outside  
11 California or of non-practice within California, as defined in this condition, will not  
12 apply to the reduction of the probationary period.

13                   11.   COMPLETION OF PROBATION Upon successful completion of  
14 probation, respondent's certificate shall be fully restored.

15                   12.   VIOLATION OF PROBATION If respondent violates probation in  
16 any respect, the Division, after giving him notice and the opportunity to be heard, may  
17 revoke probation and carry out the disciplinary order that was stayed. If an accusation  
18 or petition to revoke probation is filed against respondent during probation, the  
19 Division shall have continuing jurisdiction until the matter is final, and the period of  
20 probation shall be extended until the matter is final.

21                   13.   COST RECOVERY The respondent is hereby ordered to reimburse  
22 the Division the amount of four thousand dollars (\$4,000) within twelve (12) months  
23 of the effective date of this decision for its investigative and prosecution costs.  
24 Failure to reimburse the Division's cost of investigation and prosecution shall  
25 constitute a violation of the probation order, unless the Division agrees in writing to  
26 payment by an installment plan because of financial hardship. The filing of bankruptcy  
27 by the respondent shall not relieve the respondent of his responsibility to reimburse

1 the Division for its investigative and prosecution costs.

2 14. PROBATION COSTS Respondent shall pay the costs associated  
3 with probation monitoring each and every year of probation. Such costs shall be  
4 payable to the Division of Medical Quality at the beginning of each calendar year.  
5 These costs are currently set at \$2,304, but may be adjusted on an annual basis.  
6 Failure to pay costs shall constitute a violation of probation.

7 15. LICENSE SURRENDER Following the effective date of this  
8 probation, if respondent ceases practicing due to retirement, health reasons or is  
9 otherwise unable to satisfy the terms and conditions of probation, respondent may  
10 voluntarily tender his certificate to the Board. The Division reserves the right to  
11 evaluate the respondent's request and to exercise its discretion whether to grant the  
12 request, or to take any other action deemed appropriate and reasonable under the  
13 circumstances. Upon formal acceptance of the tendered license, respondent will no  
14 longer be subject to the terms and conditions of probation.

#### 15 CONTINGENCY

16 This stipulation shall be subject to the approval of the Division.  
17 Respondent understands and agrees that Board staff and counsel for complainant may  
18 communicate directly with the Division regarding this stipulation and settlement,  
19 without notice to or participation by respondent or his counsel. If the Division fails to  
20 adopt this stipulation as its Order, the stipulation shall be of no force or effect, it shall  
21 be inadmissible in any legal action between the parties, and the Division shall not be  
22 disqualified from further action in this matter by virtue of its consideration of this  
23 stipulation.

24 //

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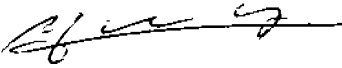
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**ACCEPTANCE**

I have read the above Stipulated Settlement and Disciplinary Order. I have fully discussed the terms and conditions and other matters contained therein with my attorney, Robert H. Gans. I understand the effect this Stipulated Settlement and Disciplinary Order will have on my Physician's and Surgeon's Certificate, and agree to be bound thereby. I enter this stipulation freely, knowingly, intelligently and voluntarily.

DATED: 7-23-87.

  
\_\_\_\_\_  
YOUNG-SUN YI, M.D.  
Respondent

I have read the above Stipulated Settlement and Disciplinary Order and approve of it as to form and content. I have fully discussed the terms and conditions and other matters therein with respondent Young-Sun Yi, M.D..

DATED: 7/26/87.

  
\_\_\_\_\_  
ROBERT H. GANS  
Attorney for Respondent

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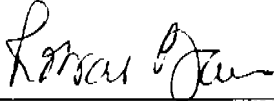
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1 ENDORSEMENT

2 The foregoing Stipulated Settlement and Disciplinary Order is hereby  
3 respectfully submitted for the consideration of the Division of Medical Quality, Medical  
4 Board of California Department of Consumer Affairs.

5 DATED: July 30, 1997.

6 DANIEL E. LUNGREN, Attorney General  
7 of the State of California

8   
9 ROBERT McKIM BELL  
10 Deputy Attorney General

11 Attorneys for Complainant  
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# **Appendix 1**

## **The Accusation**

1 DANIEL E. LUNGREN, Attorney General  
of the State of California  
2 ROBERT MCKIM BELL,  
Deputy Attorney General  
3 California Department of Justice  
300 South Spring Street, Suite 5212  
4 Los Angeles, California 90013-1233  
Telephone: (213) 897-2556  
5  
6 Attorneys for Complainant

7 **BEFORE THE**  
8 **DIVISION OF MEDICAL QUALITY**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation ) Case No. 17-93-25427  
12 Against: )  
13 YOUNG-SUN YI, M.D. ) **ACCUSATION**  
14 38 Misty Acres Road )  
Rolling Hills Estates, CA 90274 )  
15 Physician's and Surgeon's )  
Certificate No. A-32144, )  
16 Respondent. )

17  
18 The Complainant alleges:  
19

20 **PARTIES**

21 1. Complainant, Ron Joseph, is the Executive Director  
22 of the Medical Board of California (hereinafter the "Board") and  
23 brings this accusation solely in his official capacity.  
24 2. On or about April 3, 1978, Physician's and  
25 Surgeon's Certificate No. A-32144 was issued by the Board to  
26 Young-Sun Yi, M.D. (hereinafter "respondent"), and at all times  
27 relevant to the charges his license has been in full force and

1 effect. Unless renewed, it will expire on April 30, 1997.

## 2 3 JURISDICTION

4 3. This accusation is brought before the Division of  
5 Medical Quality of the Medical Board of California (hereinafter  
6 the "Division"), under the authority of the following sections of  
7 the California Business and Professions Code (hereinafter the  
8 "Code"):

9 4. Section 2227 of the Code provides that a licensee  
10 who is found guilty under the Medical Practice Act may have his  
11 license revoked, suspended for a period not to exceed one year,  
12 placed on probation and required to pay the costs of probation  
13 monitoring, or such other action taken in relation to discipline  
14 as the Division deems proper.

15 5. Section 2234 of the Code provides that  
16 unprofessional conduct includes, but is not limited to, the  
17 following:

18 (a) Violating or attempting to violate, directly or  
19 indirectly, or assisting in or abetting the violation  
20 of, or conspiring to violate, any provision of this  
21 chapter.

22 (b) Gross negligence.

23 (c) Repeated negligent acts.

24 (d) Incompetence.

25 (e) The commission of any act involving dishonesty or  
26 corruption which is substantially related to the  
27 qualifications, functions, or duties of a physician and

1 surgeon.

2 (f) Any action or conduct which would have warranted  
3 the denial of a certificate.

4 6. Section 16.01 of the 1996/1997 Budget Act of the  
5 State of California provides, in pertinent part, that:

6 (a) No funds appropriated by this act may be expended  
7 to pay any Medi-Cal claim for any service performed by a  
8 physician while that physician's license is under suspension  
9 or revocation due to disciplinary action of the Medical  
10 Board of California.

11 (b) No funds appropriated by this act may be expended  
12 to pay any Medi-Cal claim for any surgical services or other  
13 invasive procedure performed on any Medi-Cal beneficiary by  
14 a physician if that physician has been placed on probation  
15 due to a disciplinary action of the Medical Board of  
16 California related to the performance of that specific  
17 service or procedure on any patient, except in any case  
18 where the board makes a determination during its  
19 disciplinary process that there exist compelling  
20 circumstances that warrant continued Medi-Cal reimbursement  
21 during the probationary period.

22 7. Section 125.3 of the Code provides, in part, that  
23 the Division may request the administrative law judge to direct  
24 any licentiate found to have committed a violation or violations  
25 of the licensing act, to pay the Division a sum not to exceed the  
26 reasonable costs of the investigation and enforcement of the  
27 case.

## SUMMARY OF CASE

1  
2 8. Mr. "M.B." was a 55 year old man who was admitted  
3 to Temple Community Hospital on December 5, 1989 for surgical  
4 implantation of a penile prosthesis in an attempt to correct  
5 erectile impotence of more than one year duration. "M.B." had  
6 multiple medical problems the most important of which was chronic  
7 renal insufficiency which required outpatient hemodialysis three  
8 times a week. The records indicate that he had a dialysis  
9 treatment the day before admission which resulted in a weight  
10 loss of 5.5 pounds. The etiology of the renal insufficiency was  
11 long-standing diabetes mellitus and chronic hypertension. He had  
12 had anesthetics in the past for a prostatectomy and insertion of  
13 arteriovenous shunts for dialysis without apparent complications.  
14 On physical examination, "M.B." was 5 feet 8 inches tall, weighed  
15 155 pounds, and had a blood pressure of 150/90 mmHg, and pulse of  
16 88 beats/min.

17 9. Laboratory examination revealed that "M.B." was  
18 anemic (hemoglobin 7.9 g%, hematocrit 24), and had an abnormal  
19 coagulation profile with a prolonged prothrombin time of 15.2  
20 (control 11.1) and plasma thromboplastin time of 42 (normal <28  
21 sec). He had an elevated BUN (57) and creatinine (6.8) with a  
22 normal potassium (3.8). His chest roentgenogram showed mild  
23 cardiomegaly and interstitial markings suggestive of either basal  
24 congestion or old inflammatory change. An EKG was ordered  
25 preoperatively, but there is no report of the results in the  
26 chart dated December 5, 1989 or earlier. It is reported to have  
27 shown non-specific T-wave depression by one physician, and a left

1 atrial abnormality and nonspecific intraventricular defect by two  
2 other physicians.

3           10. The preanesthetic evaluation completed by Dr. Yi  
4 on December 5, 1989 notes several of "M.B.'s" medical problems,  
5 but not in any detail. For example, under previous anesthetic  
6 the A-V shunt is noted but not the prostatectomy, nor is there  
7 any mention of whether or not there were any anesthetic  
8 complications associated with either of these procedures. Under  
9 the category of respiratory system, the basal congestion is  
10 noted, but is presumed to be an old lung abnormality. There is  
11 no detailed analysis of either the patient's diabetes, his  
12 chronic renal insufficiency, or his dialysis status. The anemia  
13 and elevated BUN and creatinine are noted, but the abnormal PT  
14 and PTT are not. There is no evidence that any physical  
15 examination was performed by Dr. Yi. Under anesthetic risk, the  
16 numeral "II" is circled and crossed out and the numeral "III"  
17 circled. A general endotracheal anesthetic was planned, and Dr.  
18 Yi noted that the patient understood and accepted the plan.

19           11. On December 5, 1989 "M.B." was taken to the  
20 operating room at about 10:25 AM. An intravenous line was placed  
21 in the left hand, and a blood pressure cuff, EKG and pulse  
22 oximeter were placed. The values prior to induction of  
23 anesthesia were a blood pressure of 160/95 mmhg, pulse 85  
24 beats/min, and an oxygen saturation of 92%. No other oxygen  
25 saturation values are recorded on the anesthetic record.  
26 Atropine 0.2 mg was given prior to induction. Following pre-  
27 oxygenation at an oxygen flow of 2 l/min, anesthesia was induced



1 at approximately 10:40 a.m. with midazolam 1 mg, fentanyl 50 ug,  
2 thiopental 100 mg, isoflurane 0.5%, and nitrous oxide-oxygen at 2  
3 l/min each. Ventilation was either spontaneous or assisted from  
4 the start of anesthesia until the profound bradycardia occurred  
5 between 11:00 and 11:10 a.m.

6 12. The surgery is recorded as starting at 10:40 a.m.  
7 The time of surgical incision is not noted on any record, but  
8 after the prepping and draping necessary before the operation can  
9 begin, it occurred somewhere between 10:45 and 11:00 a.m. The  
10 patient was placed in a head-down (Trendelenburg) position at the  
11 request of the surgeon, Dr. Patel. Sometime between 11:00 and  
12 11:10 a.m., the patient's pulse decreased precipitously from 85  
13 to 35 beats/min, and his blood pressure decreased to about 75  
14 mmHg systolic. The circulating nurse noted that the patient had  
15 a pulse rate of 33 beats/min, no blood pressure, and was dusky  
16 and cyanotic. Dr. Yi gave the patient two doses of atropine 0.2  
17 and 0.5 mg and ephedrine 50 mg IV without improvement in vital  
18 signs.

19 13. A code was called at 11:10 A.M and CPR was  
20 initiated by Dr. Patel, the surgeon, at 11:15 a.m. Dr. Yi  
21 intubated the trachea at 11:16 a.m., and between 11:12 and 11:16  
22 a.m. two doses of epinephrine 0.5 mg and sodium bicarbonate 50  
23 meq each were administered IV. At 11:17 a.m. the patient was  
24 given calcium chloride 1 g. At 11:20 a.m. the blood pressure was  
25 noted to be 37/25 mmHg with a pulse of 84-86 beats/min. A  
26 dopamine infusion was started. By 11:30 a.m. the patient had a  
27 blood pressure of 160/110 mmHg and a pulse of 120 beats/min.

1 Subsequently, the blood pressure increased to 230 mmHg systolic,  
2 and the heart rate to 150 or faster beats/min. An arterial blood  
3 gas was drawn which showed a PaO2 of 47 mmHg, PaCO2 of 28 mmHg, a  
4 pHa of 7.56, and a bicarbonate of 25.1 mmol.

5 14. A cardiologist came into the operating room at  
6 about 11:45 a.m. He noted the hypertension and rapid heart rate  
7 which he indicated was sinus tachycardia. He discontinued the  
8 dopamine, and gave the patient procardia 10 mg sublingually and  
9 verapamil 2.5 mg IV. The patient was taken to the recovery room  
10 at about noon where it was noted that he was comatose but  
11 breathing spontaneously at a rate of about 15/min and had a blood  
12 pressure of 205/110 mmHg and a pulse of 115. Laboratory studies  
13 over the next several days revealed the development and  
14 resolution of pulmonary edema, no evidence of an acute myocardial  
15 infarction, and severely abnormal EEG. The patient never emerged  
16 from the coma, and died on December 13, 1989. At autopsy the  
17 patient was found to have advanced coronary artery disease and  
18 myocardial infarction which probably occurred at the time of  
19 surgery, terminal lobar pneumonia, left lower lobe lung abscess,  
20 and diffuse glomerulosclerosis accounting for his end stage renal  
21 disease.

22 15. "M.B.'s" death was caused by the acute  
23 neurological injury that he suffered as a result of progressive  
24 hypoxemia, hypercarbia, and respiratory and metabolic acidosis  
25 that he sustained as a result of inadequate oxygenation and  
26 ventilation after induction of anesthesia.

27 16. The standard of practice in anesthesiology

1 labeled COPD and bronchitis. Despite this, and the fact that the  
2 patient had an oxygen saturation at the start of the anesthetic  
3 of 92%, he administered nitrous oxide by mask for a prolonged  
4 period with the patient in a head-down position. The combination  
5 of lung disease, anemia with decreased oxygen transport, addition  
6 of an anesthetic gas in high concentrations, and head-down  
7 position with its attendant loss of lung volume will cause both  
8 hypoxemia and inadequate oxygen transport to vital tissues such  
9 as the brain and heart.

10           23. Dr. Yi failed to monitor the patient adequately.  
11 He should have been monitoring the oxygen saturation continuously  
12 for evidence of further de-saturation which undoubtedly occurred.  
13 No other saturation values are recorded on the anesthetic record  
14 after the start of the anesthetic.

15           24. It is the standard of practice in anesthesiology  
16 for the anesthesiologist to respond promptly and effectively when  
17 a cardiac arrest occurs during anesthesia and surgery.

18           25. Dr. Yi failed to respond promptly when the code  
19 was called. He did not intubate the trachea until six minutes  
20 into the code which further contributed to the patient's  
21 hypoxemia. The profound bradycardia and no blood pressure was  
22 noted at 11:10 a.m., but Dr. Yi did not intubate the trachea and  
23 establish effective ventilation until 11:16 a.m. This six minute  
24 period of hypoxemia from inadequate ventilation and a very low  
25 cardiac output contributed to the profoundness of the acute  
26 neurological injury which made the patient's recovery from this  
27 event impossible.

1 requires that the anesthesiologist make a careful evaluation of  
2 the patient's medical condition preoperatively, and incorporate  
3 the findings into a plan of anesthetic management.

4           17. Dr. Yi's preoperative evaluation was superficial  
5 and incomplete, and the findings were not utilized to develop an  
6 optimum plan of anesthetic management.

7           18. Dr. Yi failed to appreciate the significance of  
8 "M.B.'s" medical condition, particularly his severe anemia which  
9 would severely limit his oxygen transport and provide no reserve  
10 of oxygen in times of lessened oxygenation.

11           19. Dr. Yi failed to appreciate the significance of an  
12 oxygen saturation value of 92% at the start of anesthesia. This  
13 was an indication that he needed to intubate the patient's  
14 trachea and control ventilation.

15           20. Dr. Yi failed to evaluate the patient's cardiac  
16 status or note the EKG findings, nor is there any evidence that  
17 he appreciated the patient's abnormal PT and PTT.

18           21. Dr Yi failed to intubate the trachea of "M.B."  
19 prior to placing him on nitrous oxide and putting him in the  
20 head-down position. The combination of partial airway  
21 obstruction which would occur in the absence of an endotracheal  
22 tube, presence of nitrous oxide, and loss of lung volume from the  
23 head-down position would promote hypoxemia. Use of assisted  
24 ventilation would not cause any substantial improvement in  
25 oxygenation or ventilation.

26           22. Dr. Yi knew that the patient had severe anemia of  
27 end-stage renal disease as well as lung abnormalities which he

1 **FIRST CAUSE FOR DISCIPLINE**

2 (Gross Negligence)

3 26. By reason of the foregoing allegations, Respondent  
4 Young-Sun Yi, M.D. is subject to disciplinary action under  
5 section 2234, subdivision (b) of the Code for gross negligence.  
6

7 **SECOND CAUSE FOR DISCIPLINE**

8 (Incompetence)

9 27. By reason of the foregoing allegations, Respondent  
10 Young-Sun Yi, M.D. is subject to disciplinary action under  
11 section 2234, subdivision (d) of the Code for incompetence.  
12

13 **THIRD CAUSE FOR DISCIPLINE**

14 (Repeated Negligent Acts)

15 28. By reason of the foregoing allegations, Respondent  
16 Young-Sun Yi, M.D. is subject to disciplinary action under  
17 section 2234, subdivision (c) of the Code for repeated negligent  
18 acts.  
19

20 **PRAYER**

21 **WHEREFORE**, the complainant requests that a hearing be  
22 held on the matters herein alleged, and that following the  
23 hearing, the Division issue a decision:

24 1. Revoking or suspending Physician's and Surgeon's  
25 Certificate Number A-32144, heretofore issued to respondent  
26 Young-Sun Yi, M.D.;

27 2. Revoking, suspending or denying approval of the

1 respondent's authority to supervise physician's assistants,  
2 pursuant to Business and Professions Code section 3527;

3 3. Ordering respondent to pay the Division the actual  
4 and reasonable costs of the investigation and enforcement of this  
5 case;

6 4. Taking such other and further action as the  
7 Division deems necessary and proper.

8 DATED: October 23, 1996.

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RON JOSEPH  
Executive Director  
Medical Board of California  
State of California

Complainant.